

PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950

Complete if Known

Application Number 09/363,100
Filing Date July 29, 1999
First Named Inventor Donald Mickle
Examiner Name Vera Afremova
Art Unit 1651
Attorney Docket No. CRI-3

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 07-1074

Deposit Account Name GENZYME CORPORATION

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	285
1004	770	2004	385
1005	160	2005	80

SUBTOTAL (1)

(\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
-20 **	0	X	0
Independent Claims	-3 **	0	X
Multiple Dependent		X	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	16	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Release independent claims over original patent
1205	16	2205	9	** Release claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1012	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1261	110	2251	55
1262	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1808	180	1808	180
8021	40	8021	40
1809	770	2809	385
1910	770	2810	385
1801	770	2801	385
1802	900	1802	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 950

SUBMITTED BY

Name (Print/Type) Robert J. Cohen Registration No. (Attorney/Agent) 36.108 Telephone 617-768-6423
Signature Robert J. Cohen Date December 15, 2003

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FROM: Robert J. Cobert
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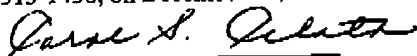
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